LIMITED LIABILITY COMPANY

FILED Mar 05, 2002 8:00 am Secretary of State

(714) 280-0809

Daysene Proper 6

DOCUMENT "					03-05-2002 90017 019 ****50.00	
DOCUMENT # L99000004686 1. Entity Name California Sole, LLC						
carriornia bore, buc						
	DO NOT WRITE	IN THIS SI	PACE			
2 0: :-10						
2. Principal Place of Business 3. Mailing Address 7865 E. Hollow Oak Rd. 7865 E. Hollow Oak Rd.					DO NOT WRITE IN THIS SPACE	
Suite, Apr. #, etc. Suite, Apr. #, etc.						
City & State Anaheim Hills, CA Anaheim Hil			lls. CA		4. FEI Number 33-0868184	Applied For Not Applicable
Zin	Country	92808	Country	1	5 Countries of State Desired	5.00 Additional
92	808 USA	92808		USA	7. Name and Address of Current Registered	Fee Required Agent
DO NOT WRITE Name Ben Street Additions 5 (2)				Gilman		
				Street Address (f	(P.O. Box Number is Not Acceptable) 55 Southport Drive	
	IN THIS SP	ACE	-		J DOGGIPOI E DIIVE	
				City	nton Beach FL	Zip Code 33437
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:						
Segretaria, typical or printing control they exceed bytes and later a application. UAY:						
FEE IS \$50.00 Make Check Payable to Department of State						
			UE BY N	1 YAN		
9.	MANAGING MEMBÉRS/MANAGERS MGRM					
NAME .	Anthony Wang		KANE			121
STREET ADDRESS City - ST - Zip	7865 E. Hollow (Oak Road CA 92808	SIM: 61 24* 51	ADDRESS 1-23 ²		CR2F083B (12/01)
TiTLE	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ንክዩ			10 H
NAME STREEF ADDRESS			KANA Sireti	adialss.		
CRY-St-ZP			Cay sa	1-782		
TITLE NAME			1157 JVAN			
STREET ADDRESS CITY - ST - ZIP			STREET /	ADERESS Lon	DO NOT WRIT	E
TOLE			3784	-	IN THIS SPAC	
NAME STREET ADORESS			nave Street /	ADSESS.	IN THIS STAC	'A
CHY SI-ZIP			C317 51	neuerare interesse		
IIILE Name			NAVE			
STREET ADDRESS			SIKELLA	razena al la comenda		
CCTY - ST - ZEP	<u></u>		C37, \$1	34		
MLE NAME			ાલા જ્યવ			
STREET ADORESS CELY: SE-ZIP			SIMETA Cay sa	aha 69,0000 (2000)		
11. Thereby c	ertify that the information supplied with t	this filing does not qualify for	the exemp	ation stated in Sec	tion 119.07(3)(i), Florida Statutes, Hurther certi	y that the information
limited lial	off this report is true and accurate and to pility company or the receiver or trustee	empowered to execute this i	eport as re	equired by Chapte	ade under oath; that I am a managing member er 608. Florida Statutes.	or manager or me
		/ All	r CTIOII.	y Wang		i i

Managing Member

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER. MANAGER. OR AUTHORIZED REPRESENTATIVE